



Robert J. Lovero, Mayor

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www.berwyn.il.gov

2014 EMIL VACIN FAIRWAY PARKING PERMIT APPLICATION

APPLICANT INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

VEHICLE INFORMATION

License Plate # _____

Berwyn Vehicle Sticker # _____

Vehicle Year & Make _____

Model & Color _____

VACIN PARKING PERMIT # _____

____ Yearly Passenger (\$ 150.00)

____ 1st Quarter (01/01-03/31) (\$ 45.00)

____ 2nd Quarter (04/01-06/30) (\$ 45.00)

____ 3rd Quarter (07/01-09/30) (\$ 45.00)

____ 4th Quarter (10/01-12/31) (\$ 45.00)

VACIN PARKING PERMIT # _____

____ Yearly Truck/Taxi (\$ 300.00)

____ 1st Quarter (01/01-03/31) (\$ 120.00)

____ 2nd Quarter (04/01-06/30) (\$ 120.00)

____ 3rd Quarter (07/01-09/30) (\$ 120.00)

____ 4th Quarter (10/01-12/31) (\$ 120.00)

FOR OFFICE USE ONLY

Cash Received: Date and Amount _____

Check Received: Check #, Date and Amount _____

Credit Card Received: Date and Amount _____

Accepted By: _____

THERE ARE NO REFUNDS & THE CITY IS NOT RESPONSIBLE FOR LOST OR STOLEN PLACARDS. THE COST FOR REPLACEMENT WILL BE ONE HALF OF THE ORIGINAL FEE PAID.